

CONNECTICUT VALLEY HOSPITAL MEDICAL RECORD EXAMINATION REQUEST

PROCEDURE TO REVIEW MEDICAL RECORD:

1. Complete the Patient section of this form and give it to the Head Nurse on your unit, a Patient Advocate, or send it directly to Health Information Management.
2. After physician approval, your Head Nurse (or other Treatment Team Member) will arrange for a clinician to sit and review your record with you.
3. If your doctor does not allow you to see your record (or parts of your record) you will be notified of such by Health Information Management. This notice will also contain instructions regarding your right to ask a doctor of your choice to examine your record and that doctor will evaluate your request.

PATIENT SECTION: MEDICAL RECORD EXAMINATION REQUEST	
Name _____ Unit _____	
Part(s) of the Record to be examined: _____	
Patient Signature _____	Date of Request _____
SEND COMPLETED FORM TO: Health Information Management	

PHYSICIAN SECTION: Date: _____	
Dr. _____, the patient listed above has requested to review their medical record. Please record your decision below and return this form to Health Information Management.	
<input type="checkbox"/> NO Request for copies of the medical record document(s) listed above is DENIED. A progress note must be written in the patient’s medical record detailing your reason for denial. <i>Please complete</i> the “Denial of Access to Your Medical Record” form (CVH-184d) which will notify the patient of your decision and will advise them of their right to have a physician of their choice review their request.	
<input type="checkbox"/> YES I authorize access to this medical record. Health Information Management will notify the Head Nurse of your decision. The Head Nurse will arrange an appointment for the patient to review their record with a member of the treatment team.	
Physician Signature _____	Date _____

Health Information Management Processing:

ORIGINAL - Medical Record **COPIES** - Head Nurse and Patient